

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: Maine **Filings Made During the Year 2004**

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic	NAIC	Foreign			
			State	NAIC	State	<i>Postmarked</i>		
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2" x 14")	2	1	XXX	3/1	NAIC	G, J, N
	1.1	Printed Investment Schedule detail (Pages E01-E-26)	1	1	XXX	3/1	NAIC	N
	2	Quarterly Financial Statement (8 1/2" x 14")	1	1	XXX	5/15, 8/15, 11/15	NAIC	G, J, N
	3	Protected Cell Annual Statement	1	0	XXX	3/1	NAIC	N
	4	Combined Annual Statement (8 1/2" x 14")	1	1	XXX	5/1	NAIC	G, J, N
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	1	1	XXX	4/1	NAIC	N
	11	Combined Insurance Expense Exhibit	1	1	XXX	5/1	NAIC	N
	12	Credit Insurance Experience Exhibit	1	1	XXX	4/1	NAIC	N
	13	Investment Risk Interrogatories	1	1	XXX	4/1	NAIC	N
	14	Financial Guaranty Insurance Exhibit	1	1	XXX	3/1	NAIC	N
	15	Insurance Expense Exhibit	1	1	XXX	4/1	NAIC	N
	16	Long Term Care Experience Reporting Forms	1	1	XXX	4/1	NAIC	N
	17	Management Discussion & Analysis	1	1	XXX	4/1	Company	N
	18	Medicare Supplement Insurance Experience Exhibit	1	1	XXX	3/1	NAIC	N
	19	Premiums Attributed to Protected Cells Exhibit	1	1	XXX	3/1	NAIC	N
	20	Risk-Based Capital Report	1	1	XXX	3/1	NAIC	N
	21	Schedule SIS	1	N/A	N/A	3/1	NAIC	N
	22	Statement of Actuarial Opinion	1	1	XXX	3/1	Company	N
	23	Supplement A to Schedule T	1	1	XXX	3/1, 5/15, 8/15, 11/15	NAIC	N
	24	Supplemental Compensation Exhibit ¹	1	N/A	N/A	3/1	NAIC	O
	25	SVO Compliance Certification	1	1	XXX	3/1, 5/15, 8/15, 11/15	NAIC	N
	26	Trusted Surplus Statement	1	1	XXX	3/1, 5/15, 8/15, 11/15	NAIC	N
		III. ELECTRONIC FILING REQUIREMENTS						
	30	Annual Statement Electronic Filing	XXX	1	XXX	3/1	NAIC	N
	31	March .PDF Filing	XXX	1	XXX	3/1	NAIC	N
	32	Risk-Based Capital Electronic Filing	XXX	1	N/A	3/1	NAIC	N
	33	Combined Annual Statement Electronic Filing	XXX	1	XXX	5/1	NAIC	N
	34	Combined Annual Statement .PDF Filing	XXX	1	XXX	5/1	NAIC	N
	35	Supplemental Electronic Filing	XXX	1	XXX	4/1	NAIC	N
	36	Supplemental .PDF Filing	XXX	1	XXX	4/1	NAIC	N
	37	Quarterly Electronic Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	N
	38	Quarterly .PDF Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	N
	39	June .PDF Filing	XXX	1	XXX	6/1	NAIC	N
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	1	N/A	N/A	6/1	Company	N
	52	Audited Financial Statements	1	1	XXX	6/1	Company	N
	53	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	6/1	Company	N
	54	Independent CPA	1	N/A	N/A	6/1	Company	N

¹ The Supplemental Compensation Exhibit is no longer considered confidential and will be made available to the public. This exhibit must be filed with the annual statement.

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

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	55	Notification of Adverse Financial Condition	1	N/A	N/A	6/1	Company	N
	56	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	6/1	Company	N
	57	Request for Exemption to File	1	N/A	N/A	5/1	Company	N
	58	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	5/1	Company	N
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	1	0	XXX	3/1	State	N
	102	Certificate of Deposit	1	0	XXX	3/1	State	N
	103	Filings Checklist (with Column 1 completed)	1	1	XXX	3/1	State	N
	104	Premium tax	1	0	1	3/1	State	D, O
	105	State Filing Fees	1	0	XXX		State	C, O, P
	106	Affidavit of Filing	0	0	XXX		State	N
	107	State of Maine Page	1	0	XXX	3/1	Company	N
	108	Liquor Liability Report	1	0	1	3/1	State	O
	109	Workers Compensation Benefits Report	1	0	1	3/1	State	O
	110	Form B Holding Company Registration Statement	1	0	XXX	5/1	Company	I, O
	111	Exam Assessment Fee	1	0	XXX		State	C, O
	112	Managing General Agent Report	1	0	1	3/1	Company	O
	113	Maine Fraud and Abuse Annual Report	1	0	1	3/1	Company	P

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